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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS C'd PCT/PTO

As a below named inventor, I hereby declare that; my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Composition containing in combination at least one gourd oil and at least

	one borage oil, use the				
į.	Agent he specifications of which is attached here and/or the following:	to. If not attached hereto, the ap	plication is identified by the attorney d	ocket number as set	forth above
Fill in Appropriate	the specification was filed on			as	
Information -	United States Application Nur	nber		;	
For Use 📺 Without	and amended on		(if	applicable); and/or	
Specification	the specification was filed on			as PCT	
Attached:	International Application Nun		; an		
	amended on			(if applicable)	
	by any amendment referred to above. I acknowledge the duty to disclose is \$1.56. I do not know and do not believe thereof, or patented or described in any prior to this application, that the same wapplication, that the invention has not application in any country foreign to the more than twelve months (six months foon this invention has been filed in any representatives or assigns, except as followed.	nformation which is material to he same was ever known or a printed publication in any co as not in public use or on sale been patented or made the st United States of America on or designs) prior to this applic country foreign to the United lows.	e in the United States of America mubject of an inventor's certificate is an application filed by me or my lecation, and that no application for pd States of America prior to this application for pd States Code, §119 (a)-(d) of any for	Code of Federal R a before my or outhereof or more that one year p ssued before the c gal representatives that or inventor's optication by me of	Regulations, or invention an one year orior to this date of this s or assigns a certificate or my legal
	a filing date before that of the application			miventor's certain	Jate Having
nsert Priority	Prior Foreign Application(s)	•		Priority	Claimed
nformation:	0211351	FRANCE	09/12/2002	X	
if appropriate)	(Number)	(Country)	(Month / Day / Year Filed)	Yes	No
٠	(Number)	(Country)	(Month / Day / Year Filed)	Yes) 0,4
	(Number) .	(Country)	(Month / Day / Year Filed)	Yes	No
	(Number)	(Country)	(Month / Day / Year Filed)	Yes	No
nsert Provisional	I hereby claim the benefit under Title 35,	United States Code, §119(e) o	of any United States provisional apple	cation(s) listed bel	ow.
Application(s):	(Application Number)	*· · ·		(Filing Date)	
	(Application Number)			(Filing Date)	
	All Foreign Applications, if any, for any the Filing Date of this Application:	Patent or Inventor's Certific	cate Filed more than 12 months (6	months for design	as) Prior to
nsert Requested nformation:	Country	Арр	olication Number Da	te of Filing (Month/	Day / Year)
				714-112-113-113-113-113-113-113-113-113-113	
nsert Prior U.S	I hereby claim the benefit under Title 35, U part application(s) listed below and, insofar and/or PCT application in the manner provinformation which is material to the patents filing date of the prior application and the n	as the subject matter of each of ided by the first paragraph of T ibility as defined in Title 37, Coational or PCT international fili	the claims of this application is not disc itle 35, United States Code, §112, I ac ide of Federal Regulations, §1.56 whic ng date of this application.	closed in the prior U knowledge the duty h became available l	nited States to disclose between the
f any)	(Application Number)	(Filing Date)	(Status - patenti	ed, pending, abandone	:a)

Page 1 of 2

(Application Number)

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(Filing Date)

(Status - patented, pending, abandoned)

I hereby appoint the practitioners at CUSTOMER NO 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

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or CUSTOMER NO. 0

02292

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FOLLOWING:				-			
Full Name of First or Sole Inventor: Insert Name of Inventor	GIVEN NAME	FAMILY NAME SCHWALLER	INVENTOR'S SIGNATURE		DATE*		
Insert Date This Document is Signed	Residence (City, Sta			Lorrizonioun	April 7/1 2005		
Insert Residence Insert Citizenship	LES ESCALDES		24	CITIZENSHIP French	/		
Insert Mailing Address			cluding City, State & Country) alma/Les Escaldes/AN	DORRE			
Full Name of Second Inventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
see above	Residence (City, Stat	te & Country)		CITIZENSHIP			
	MAILING ADDRESS	(Complete Street Address in	cluding City, State & Country)				
Full Name of Third Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
see above	Residence (City, State & Country) CITIZENSHIP						
		(Complete Street Address in	cluding City, State & Country)				
Full Name of Fourth Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
see above	Residence (City, Stat	e & Country)		CITIZENSHIP	*		
	MAILING ADDRESS	(Complete Street Address inc	cluding City, State & Country)				
Full Name of Fifth Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
see above	Residence (City, Stat	e & Country)	•	CITIZENSHIP			
Page 2 of 2	MAILING ADDRESS (Complete Street Address including City, State & Country)						
(Revised 01/02)	* DATE OF SIGNATURE						